

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 0 0 4

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2002

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1905(a)(B) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 62,000

b. FFY 2003 \$ 248,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16A, pages 1-C thru 7-C

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.16A, pages 1c thru 6c

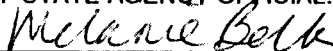
10. SUBJECT OF AMENDMENT:

Interagency agreement for MCH, CSHCS, WIC and EPSDT services coordination

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Melanie Bella

14. TITLE:

Assistant Secretary, Medicaid Policy & Planning

15. DATE SUBMITTED:

8/8/02

16. RETURN TO:

Melanie Bella
Assistant Secretary
OMPP
402 W Washington, Rm W382
Indianapolis, IN 46204

ATTN: Tracy Brunner, Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/12/02

18. DATE APPROVED:

9/19/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

AUG 12 2002

DMCH - IL/IN/OH

**MEMORANDUM OF UNDERSTANDING
BETWEEN
INDIANA STATE DEPARTMENT OF HEALTH
AND
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION**

This Agreement is made and entered into by and between the Indiana State Department of Health, hereinafter referred to as ISDH, and the Indiana Family and Social Services Administration, hereinafter referred to as IFSSA, specifically the Office of Medicaid Policy and Planning (OMPP) and Division of Family and Children (DFC).

WHEREAS, ISDH and IFSSA enter into a Memorandum of Understanding for the intent and purpose to promote high quality health care and service for recipients under the Medicaid Program; to comply with state and federal statutes, regulations and guidelines requiring the proper expenditures of public funds for the administration of the Medicaid Program including but not limited to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

WHEREAS, the ISDH is the State government agency responsible for administering the Title V program that includes Maternal and Child Health Services (MCH) and Children's Special Health Care Services (CSHCS); and the Supplemental Food Program for Women, Infants, and Children (WIC) in Indiana.

WHEREAS, it is the desire of the ISDH to enter into memoranda of understanding with other agencies for the purpose of obtaining assurance to deliver maternal and child health services, nutritional services, and services for children with special health care needs.

WITNESSETH, in consideration of the mutual promises herein contained, the ISDH and IFSSA have agreed and do hereby enter into this cooperative agreement according to the provisions set out herein:

I. Scope of Services

ISDH agrees to:

A. Coordination

1. Refer MCH, CSHCS, and WIC program Participants who may be eligible for Medicaid to the nearest county office of the Division of Family and Children and inform participants of the current hours of service.
2. Coordinate activities with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (Healthwatch) Program under

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Supersedes

TN No. 93-018

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Section 1905 (a) (B) (Social Security Act) and other Medicaid program initiatives to ensure that the ISDH carries out Title V programs without duplicating efforts. These activities shall include: the development of policies, similar periodicity schedules, special programs, and provision of outreach services.

3. Review with Medicaid the periodicity schedules and content standards for health care services including EPSDT.
4. Provide care coordination services and access to CSHCN program's approved providers, and Regional Diagnostic and Treatment Centers to children dually enrolled in Medicaid and the CSHCS program.
5. Facilitate on-site Medicaid eligibility determinations in WIC and Title V sites.
6. Facilitate administrative support of on-site placement of Medicaid staff and/or training of local provider staff including MCH, WIC, and CSHCS program staff to determine Medicaid eligibility or refer clients to the county office of the Division of Family and Children.
7. Mandate that qualified Title V funded MCH providers delivering health services be Medicaid providers and participate in the EPSDT (Healthwatch) program.
8. Inform local MCH, WIC, and CSHCS offices of this Agreement and of the responsibilities of the local program staff affected by this Agreement.
9. Enroll in the Indiana Health Coverage Programs (IHCP) as a family member transportation provider and submit claims for the travel expenses of IHCP-eligible CSHCS enrollees that are reimbursed under 410 IAC 3.2-9-1.
10. Contract with the IHCP Managed Care Organizations (MCO) to receive reimbursement for the mileage of members enrolled in the Medicaid Risk-Based Managed Care program.
11. Verify that families whose travel expenses are reimbursed comply with the requirements of 405 IAC 5-4-3(1) through (3), and maintain records of families' licenses, vehicle registration, and insurance in accordance with the requirements of 405 IAC 5-4-3.
12. Reimburse the IHCP monthly for the state share of CSHCS family member transportation expenditures. ~~OMPP~~ shall forward copies of monthly MAR expenditure reports. OMPP shall also

WSS
INSERT * (after IFSSA contributes the first \$50,000.00 of required state share with the initial two years.)

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provide a written request stating the total amount of funds to be reimbursed, designating the appropriate fund object center to which funds are to be transferred. ISDH shall transfer to OMPP CSHCS funds to cover the state share of the family member transportation expenditures within thirty (30) days from receipt of documentation.

B. Outreach

1. Develop outreach materials with input from IFSSA that promote information about the Medicaid/EPSDT program, the toll-free Helpline number, and information concerning sources of health care financing options for children with long-term special health care needs.
2. Maintain the toll-free telephone number (Indiana Family Helpline, and TTY/TDD) to provide information about relevant health and social services including services funded through Social Services Block Grant, Title V, WIC, and Title XIX.
3. Incorporate Medicaid/EPSDT (HealthWatch) providers into the database of information for the toll-free Helpline no less frequently than provided by OMPP or its contractor.
4. Provide outreach materials to IFSSA, the Division of Family and Children and the Office of Medicaid Policy and Planning for dissemination to the county offices of the Division of Family and Children.
5. Provide the addresses, telephone numbers, and hours of service of the local WIC clinics, MCH clinics, the CSHCS treatment centers, and immunization service sites to IFSSA, Division of Family and Children and the Office of Medicaid Policy and Planning no less frequently than on a quarterly basis.

C. Data Collection and Transmittal

1. Cross match, through the WIC Data System, computerized participant files from Medicaid and WIC to generate a monthly list of newly enrolled Medicaid prenatal clients and children under 5 years of age who are not on the WIC Program to increase outreach efforts.
2. Provide Office of Medicaid Policy and Planning with data and information on Indiana population-based health care assessments on access, health status and progress in meeting the Department of Health and Human Services' Healthy People 2010: National Health

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Promotion and Disease Prevention Objectives; annually or as frequently as they are available.

IFSSA agrees to:

A. Coordination

1. Refer appropriate Medicaid applicants in each county office of the Division of Family and Children to WIC Services, Title V funded or non-Title V funded providers of maternal and child health services, Children's Special Health Care Services, and immunization services.
2. Accept referrals of persons from Title V funded and non-Title V funded MCH providers and process applications for persons who are referred, enroll applicants in the Medicaid payment system who are found to be eligible, and redetermine Medicaid eligibility, via the county offices of the Division of Family and Children.
3. Accept and process applications for the Children's Special Health Care Services Program.
4. Provide for enrollment of qualified Title V funded and non-Title V funded MCH providers as Medicaid providers.
5. Provide ISDH with a copy of provider bulletins, a provider manual, and an updated list of enrolled Medicaid and EPSDT (Healthwatch) providers no less frequently than quarterly.
6. Inform the county office of the Division of Family and Children of this Agreement and of the responsibilities of the county department personnel as affected by this agreement.
7. Accept and process Primary Care Case Management and Fee for Service family member transportation claims from ISDH.
8. Facilitate discussions with the MCO's regarding ISDH reimbursement under the capitation payments.

B. Outreach

1. Disseminate MCH, CSHCS, WIC and immunization outreach materials to the Division of Family and Children's county offices and the Office of Medicaid Policy and Planning.

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C. Data Collection and Transmittal

1. Provide ISDH with demographic data and program activity summary on prenatal, EPSDT (HealthWatch) eligible, and persons served by IFSSA, necessary to fulfill Title V federal reporting requirements and to track MCH-related U.S. Department of Health and Human Services Healthy People 2010: Health Promotion and Disease Prevention Objectives within time frames established by the ISDH and IFSSA.
2. Make available each month to the WIC contracted computer firm the names of pregnant women and children under age five newly certified for Medicaid to be used for outreach and eligibility determination.
3. Share information and collaborate to develop a process to make available each month the names of children enrolled in the Medicaid Program who are also CSHCS recipients.

ISDH and IFSSA mutually agree to:

A. Coordination

1. Work collaboratively to improve the availability and quality of comprehensive health care and nutritional services provided for women, infants, children, adolescents, and families served by both agencies.
2. Assist and promote information to resolve issues relating to provider relations, client eligibility, or reimbursement.
3. Share and review results of any study or analysis based on shared Medicaid, Title V, or WIC participant data on shared clientele with designated staffs prior to release, within mutually acceptable time frames.
4. Provide jointly developed training sessions for the purpose of implementing this Agreement and promoting high quality health and medical services for eligible families.
5. Meet on a regular basis to institute common standards of care to be used by WIC, Title V, and Title XIX, including but not limited to EPSDT, and document results and progress of meetings.
6. Meet on a regular basis for the purpose of evaluating and exploring other alternatives for increasing cooperation, maximizing

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resources and services delivery, and exchanging data. Document progress and results of meetings.

7. Assure that Title XIX, Title V services and WIC services are consistent with the needs of participants and the three programs' objectives and requirements.

8. Work collaboratively in the development and implementation of Medicaid managed care arrangements for Clients receiving Title V services including pregnant women, children, adolescents or children with special health care needs.

B. Data Collection and Transmittal

1. Assign specific agency designees to accept and coordinate all data requests from each respective agency.

2. Work collaboratively by jointly providing necessary client data files on a mutually acceptable schedule to facilitate client care administration and to permit matching of population-based and other programmatic data files for evaluation purposes.

3. Be in compliance with applicable state and federal laws regarding confidentiality of participation information.

4. Assure that each program will restrict the use or disclosure of information obtained from program applicants or participants to persons directly connected with the administration and of the enforcement of the respective program and the Comptroller General of the United States for audit and examination authorized by law.

II. Essential Terms and Conditions

A. Liaison Responsibilities:

The State Health Commissioner and the Secretary of Family and Social Services Administration shall designate appropriate liaisons whose responsibilities shall include regular and periodic communication about the programs and operations described in the Agreement.

The liaisons shall be responsible for the joint planning of relationships between the two agencies. They shall oversee the investigation of any problems that arise from the operation of the Agreement. They shall periodically review the effectiveness of the working relationship

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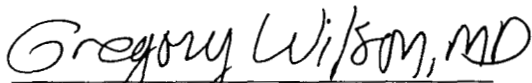
defined in this agreement, and shall initiate jointly any amendments to the agreement.

B. Amendment and Termination:

This cooperative agreement may be modified only by written amendment executed by the parties hereto and approved by the appropriate state officials (s). This cooperative agreement may be terminated by either party through written notice to the other, at least 30 days before the effective date of such termination.

C. Agreement Period:

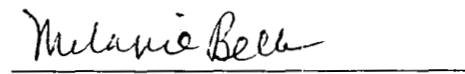
The term of this Agreement shall begin on the first day of JULY 2002, and will continue thereafter until termination by either party upon 30 days advance written notice to the other.




GREGORY WILSON, M.D.
STATE HEALTH COMMISSIONER.



JOHN HAMILTON, SECRETARY
FAMILY & SOCIAL SERVICES
ADMINISTRATION



MELANIE BELLA,
ASST. SECRETARY
OFFICE OF MEDICAID POLICY
AND PLANNING



JOHN BOYCE, DIRECTOR
DIVISION OF FAMILY &
CHILDREN

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